

## **EXHIBIT 30**

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Page 352

1 IN THE UNITED STATES DISTRICT COURT  
2 NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION  
4

5  
6 IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
7 OPIATE LITIGATION

Case No. 17-md-2804  
Judge Dan Aaron  
Polster

This document relates to:

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.

Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

16  
17 Volume III  
Continued deposition of  
18 PATRICK LEONARD

19 May 23, 2019  
20 8:01 a.m.

21 Taken at:

22 Ulmer & Berne

1660 W. 2nd Street, Suite 1100  
23 Cleveland, Ohio

24 Renee L. Pellegrino, RPR, CLR

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Page 366

1 for DEA and DOJ, have you spoken with anyone  
2 about this case since last we saw you?

3 A. No, sir.

4 Q. How many investigations, sir, have  
5 you worked on while assigned to the TDS?

6 A. I have no idea.

7 Q. Well, is it more than ten?

8 A. Yes.

9 Q. Is it more than a hundred?

10 A. Doubtful, no.

11 Q. It is more than 50?

12 A. It could be close to 50.

13 Q. And for how many of those were you  
14 the lead agent?

15 A. Maybe a third.

16 Q. And who determines whether you're --  
17 or how is it determined whether you're the lead  
18 agent or an assisting agent on any particular  
19 investigation?

20 A. One is if I get the complaint, if I  
21 start it and run with it. Some of the ones that  
22 I was the lead on were because they were City of  
23 Akron cases that I charted and did through the  
24 DEA, so those -- I would be lead on all of  
25 those. Or if referrals came from either Denise

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Page 393

1 Q. And did you contact any distributors  
2 of medications and say they shouldn't distribute  
3 to pharmacies where Dr. Harper might be writing  
4 prescriptions?

5 A. [REDACTED]  
6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED],  
10 [REDACTED]; if you think this is an  
11 overprescribing physician, it's your name and  
12 your reputation and your business that's going  
13 to be liable. And that was the extent of it.  
14 Let them make the decision whether they felt it  
15 was necessary or legal to fill the prescription.

16 Q. Did a pharmacist ever ask you how  
17 you define medical prescription for a legitimate  
18 medical purpose?

19 MR. BENNETT: Objection. Scope.

20 You can answer.

21 A. No.

22 Q. How do you define legitimate medical  
23 prescription for a legitimate medical purpose?

24 MR. BENNETT: Objection. Vague.

25 Scope.

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Page 394

1                   You can answer.

2                   A.       Again, this is why we need a medical  
3                   expert when we do these cases, but when you're  
4                   writing for the holy trinity, and I've got  
5                   patients from offices that have died from  
6                   overdoses, I think common sense dictates on some  
7                   of it that some of the pharmacists should be  
8                   able to see what the prescriptions are and  
9                   refuse to fill.

10                  Q.       I didn't follow writing for the holy  
11                   trinity.

12                  A.       Holy trinity was when they're  
13                   getting 180 oxycodone, 90 methadone and 90 Xanax  
14                   all from the same doctor every month on the same  
15                   script, same three scripts.

16                  Q.       Other than that?

17                   MR. LEDLIE:   Object to the form.

18                   Vague.

19                  A.       Other than that, what?

20                  Q.       So I take it you would, in your view  
21                   the -- well, let me ask it this way: Is the  
22                   holy trinity -- could that ever be for  
23                   legitimate medical purposes?

24                   MR. BENNETT:   Objection.

25                  A.       Again, I'm not a medical -- I'm not

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Page 396

1       they're not supposed to be.

2           Q.     We can agree that the pharmacist  
3     doesn't have the blood test results for the  
4     individual patient?

5           MR. LEDLIE:   Objection to the form.  
6     Calls for speculation.

7           A.     Yes, we can agree the pharmacist  
8     doesn't have that information.

9           Q.     We can agree that distributors of  
10    the pharmaceuticals don't have the medical  
11    records of the patients who are being prescribed  
12    medications?

13          A.     I would agree with that, yes.

14          Q.     And neither do the manufacturers of  
15    the medications?

16          A.     And I would agree with that as well.

17          Q.     The Harper case, did that get  
18    started on a tip from a pharmacist?

19           MR. LEDLIE:   Object to the form of  
20    the question and objection to the extent it  
21    calls for the divulging of any non-public police  
22    investigative techniques.

23           MR. BENNETT:   Objection.   Scope.   I  
24    would join counsel.

25           MR. BLOCK:   This is a closed case